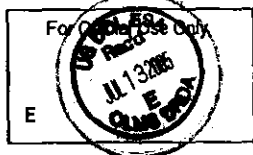


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2718</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Ricky R. Henson Sr.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2907 Cough Ave.</u> City <u>HIGHLAND</u> State <u>IN.</u> ZIP Code + 4 <u>46322</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS INT'L LOCAL 41</u> Labor Organization File Number <u>022100</u> P.O. Box, Building and Room Number, if any _____ Street <u>6415 KENNEDY AVE.</u> City <u>HAMMOND</u> State <u>IN.</u> ZIP Code + 4 <u>46323</u>
5. Position in labor organization. <u>VICE PRESIDENT, ASST. Mgr. = Field Rep.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Ricky Henson Sr.</u>	On <u>7/8/05</u> <u>219-923-9985</u> Date Telephone Number

Name of Person Filing <u>Ricky Henson Sr.</u>	File Number U- <u>2778</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal Bryant & Hamill
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any Suite 2150
Street 10 S Wacker Drive
City Chicago
State IL. ZIP Code + 4 60624
7407

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Construction Workers Pension
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 2111 W. Lincoln
City Merrillville
State IN ZIP Code + 4 46410

11.a. Nature of such dealing.

Dinner \$168.00

11.b. Approximate dollar value of such dealing.

168.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

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Name of Person Filing

Ricky R. Henson Sr.

File Number U-

2778

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

STEWART C. Miller & Co

Trade Name, if any:

Administrative Procedure

P.O. Box, Bldg., Room No., if any

Street

2111 West Lincoln Hwy.

City

Merrillville

State

IN.

ZIP Code + 4

46410

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

CONSTRUCTION Workers Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

2111 W. Lincoln Hwy.

City

Merrillville

State

IN.

ZIP Code + 4

46410

11.a. Nature of such dealing.

CAN of Popcorn

11.b. Approximate dollar value of such dealing.

30.98

12.a. Nature of interest held or income received.

12.b. Amount.

30.98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

Name of Person Filing

Ricky R. Henson Sr.

File Number U-

2778

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Legacy Professional L.L.P.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 1 F

Street

9301 Calumet Ave.

City

Munster

State

IN.

ZIP Code + 4

46410

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Laborers Local 41

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

6415 Kennedy Ave.

City

Hammond

State

IN.

ZIP Code + 4

46323

11.a. Nature of such dealing.

DINNER \$123.00
LUNCH 27.00

11.b. Approximate dollar value of such dealing.

150.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

Person Filing

Ricky R. Henson Sr.

File Number U-

2778

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **MESIROW FINANCIAL**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **350 N. CLARK**

City **CHICAGO**

State **IL.** ZIP Code + 4

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **LABORERS LOCAL 41**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6415 Kennedy**

City **Hammond**

State **IN.** ZIP Code + 4 **46323**

11.a. Nature of such dealing.

BASEBALL TICKETS 66.50
Food 27.00

11.b. Approximate dollar value of such dealing.

93.50

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

has an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of business (including trade name, if any).

Name **Site Restoration Services**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **5225 E. 145th Ave.**

City **Crown Point**

State **IN.** ZIP Code + 4 **46307**

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Harborers Local 41**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6415 Kennedy**

City **Hammond**

State **IN.** ZIP Code + 4 **46323**

11.a. Nature of such dealing.

Ham Certificate

11.b. Approximate dollar value of such dealing.

65.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

